

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.																				
<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____																						
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b> Sample			<b>3. GRADE</b> XX-XX	<b>4. SSN</b> 000-00-0000		<b>5. TYPE OF PAYMENT (X as applicable)</b> <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input checked="" type="checkbox"/> Dependent(s) <div style="float: right;"> <input type="checkbox"/> Member/Employee  <input type="checkbox"/> Other  <input type="checkbox"/> DLA         </div>																		
<b>6. ADDRESS. a. NUMBER AND STREET</b> 111 First Street		<b>b. CITY</b> Your City		<b>c. STATE</b> LA	<b>d. ZIP CODE</b> 70000																			
<b>e. E-MAIL ADDRESS</b> your.name@mvn02.usace.army.mil						<b>10. FOR D.O. USE ONLY</b>																		
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> (504) 862-0000		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b> 000000B2		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b>		<b>a. D.O. VOUCHER NUMBER</b>																		
<b>11. ORGANIZATION AND STATION</b> USACE-MVN-OC				<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b>		<b>b. SUBVOUCHER NUMBER</b>																		
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED <table style="width: 100%;"> <tr> <td style="width: 33%;">a. NAME (Last, First, Middle Initial)</td> <td style="width: 33%;">b. RELATIONSHIP</td> <td style="width: 33%;">c. DATE OF BIRTH OR MARRIAGE</td> </tr> <tr> <td>Sample</td> <td>Spouse</td> <td>0/00/00</td> </tr> <tr> <td>Sample</td> <td>Child</td> <td>0/00/00</td> </tr> </table>				a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	Sample	Spouse	0/00/00	Sample	Child	0/00/00	<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		<b>c. PAID BY</b>									
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE																						
Sample	Spouse	0/00/00																						
Sample	Child	0/00/00																						
<b>15. ITINERARY</b>				<b>16. POC TRAVEL (X one)</b> <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		<b>17. DURATION OF TDY TRAVEL</b>																		
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES																	
8/27/05	DEP Residence - Your City, LA			PA																				
8/27/05	ARR City, State				TD	0.00	75																	
9/1/05	DEP			PA																				
9/1/05	ARR City, State				TD	0.00	100																	
9/19/05	DEP			PA																				
9/19/05	ARR Residence - Your City, LA				MC		175																	
	DEP																							
	ARR If you were deployed to report to a satellite location add below in this sections:																							
	DEP Employee called to work on 9 Sep 05																							
	ARR																							
	DEP																							
	ARR																							
	DEP																							
	ARR																							
<b>18. REIMBURSABLE EXPENSES</b>				<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b>																				
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	<table style="width: 100%;"> <tr> <td style="width: 33%;">12 HOURS OR LESS</td> <td style="width: 33%;">(4) Dependent Travel</td> <td style="width: 33%;"></td> </tr> <tr> <td rowspan="3">MORE THAN 12 HOURS BUT 24 HOURS OR LESS</td> <td>(5) DLA</td> <td></td> </tr> <tr> <td>(6) Reimbursable Expenses</td> <td></td> </tr> <tr> <td>(7) Total</td> <td>0.00</td> </tr> <tr> <td rowspan="3">MORE THAN 24 HOURS</td> <td>(8) Less Advance</td> <td></td> </tr> <tr> <td>(9) Amount Owed</td> <td>0.00</td> </tr> <tr> <td>(10) Amount Due</td> <td></td> </tr> </table>				12 HOURS OR LESS	(4) Dependent Travel		MORE THAN 12 HOURS BUT 24 HOURS OR LESS	(5) DLA		(6) Reimbursable Expenses		(7) Total	0.00	MORE THAN 24 HOURS	(8) Less Advance		(9) Amount Owed	0.00	(10) Amount Due	
12 HOURS OR LESS	(4) Dependent Travel																							
MORE THAN 12 HOURS BUT 24 HOURS OR LESS	(5) DLA																							
	(6) Reimbursable Expenses																							
	(7) Total	0.00																						
MORE THAN 24 HOURS	(8) Less Advance																							
	(9) Amount Owed	0.00																						
	(10) Amount Due																							
0/00/00	Laundry	10.00																						
<b>20.a. CLAIMANT SIGNATURE</b> Your signature required		<b>b. DATE</b> 0/00/00	<b>c. SUPERVISOR SIGNATURE</b> Your supervisor's signature required		<b>d. DATE</b> 0/00/00																			
<b>21.a. APPROVING OFFICER SIGNATURE</b>					<b>b. DATE</b>																			
<b>22. ACCOUNTING CLASSIFICATION</b>																								
<b>23. COLLECTION DATA</b>																								
<b>24. COMPUTED BY</b>	<b>25. AUDITED BY</b>	<b>26. TRAVEL ORDER/ AUTHORIZATION POSTED BY</b>	<b>27. RECEIVED (Payee Signature and Date or Check No.)</b>			<b>28. AMOUNT PAID</b>																		

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

**ROUTINE USE(S):** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

**DISCLOSURE:** Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

## PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

## INSTRUCTIONS

### ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

### REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

### ITEM 15 - ITINERARY - SYMBOLS

#### 15c. MEANS/MODE OF TRAVEL (*Use two letters*)

GTR/TKT or CBA ( <i>See Note</i> )	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
( <i>Own expense</i> )	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance ( <i>POC</i> )	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

#### 15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

#### ITEM 15e. LODGING COST

Enter the total cost for lodging.

### ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (*see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals*). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

### 29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (*including identification of unused "e-tickets"*) MUST BE TURNED IN TO THE T/O OR CTO.

Add any remarks you feel necessary.

NOTE: If you were provided lodging by FEMA or Red Cross you CAN NOT request reimbursement on this voucher.